

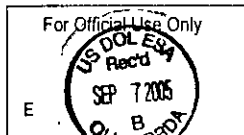
Amended Return

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01986	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Edward Coryell P.O. Box, Bldg., Room No., if any Street 1803 Spring Garden Street City Philadelphia State Pennsylvania ZIP Code + 4 19130	4. Name, file number, and address of labor organization. Name Metropolitan Regional Council of Carpenters Labor Organization File Number 006-173 P.O. Box, Building and Room Number, if any Street 1803 Spring Garden Street City Philadelphia State Pennsylvania ZIP Code + 4 19130
5. Position in labor organization. Executive Secretary-Treas./Bus. Mgr.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Edward Coryell</u>	On <u>8-1-05</u> <u>215-569-1634</u> Date Telephone Number

Name of Person Filing Edward Coryell	File Number U- 01986
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Independence Blue Cross</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1901 Market Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1807 Spring Garden Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>11.a. Nature of such dealing.</p> <p>The Carpenters Health and Welfare Fund has an Insurance Contract with Independence Blue Cross to Provide Health Benefits to its members.</p>
	<p>11.b. Approximate dollar value of such dealing. \$26,455,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Director's fees for attending Board and Committee Meetings.</p>
	<p>12.b. Amount. \$20,000</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Edward Coryell

File Number U- 01986

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with, your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Jennings Sigmond

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 16th Floor

Street 510 Walnut Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19106-3683

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas and sympathy basket.

12.b. Amount.

\$320

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PNC Advisors</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1600 Market Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19103</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>3/7/2004 - 2 Flower show dinner tickets - \$400</p> <p>3/2004 - 4 Flower show tickets - \$72</p> <p>12.b. Amount. \$472</p>

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mellon Equity Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 4200</p> <p>Street 500 Grant Street</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15258-0001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1811 Spring Garden Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>11.a. Nature of such dealing.</p> <p>Investment advisory fees.</p>
	<p>11.b. Approximate dollar value of such dealing. \$108,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner on 2/16/04 to discuss Trust Fund business.</p> <p>12.b. Amount. \$158</p>

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Standish Mellon Asset Management Company, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 5400</p> <p>Street One Mellon Center</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15258-0001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Pension and Annunity Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1811 Spring Garden Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>11.a. Nature of such dealing.</p> <p>Investment advisory fees.</p>
	<p>11.b. Approximate dollar value of such dealing. \$540,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Sporting event tickets on 1/30/04;2/5/04;2/11/04;3/04/04 - \$ 760</p> <p>Lunch to discuss Trust Fund Business - \$92</p> <p>12.b. Amount. \$852</p>

DISCLAIMER

The transactions, dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 calendar year, and some or may items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

 8-1-05
Signature Date